



MDC-LARP Monthly Report Sheet

Name: _____

Date: _____

Phone: _____

Email: _____

Note: Only one report sheet should be submitted per month. If you practice at multiple locations, please combine all information on one report.

MARCH – 2017		Hour Worked/Week	#Medicaid Appts/Week SCHEDULED	#Medicaid Appts/Week COMPLETED	Total # Patients/Week
03/01/17	03/04/17				
03/05/17	03/11/17				
03/12/17	03/18/17				
03/19/17	03/25/17				
03/26/17	03/31/17				

Authorized By

Title

Date

PLEASE COMPLETE AND EMAIL BY APRIL 10, 2017.
THANK YOU!

EMAIL TO: dhmh.mdclarpprogram@maryland.gov

Please check here to confirm that all information provided is complete and accurate.
Note: This box must be checked for this report to be accepted.